Please print or type with ELITE type (12 characters per inch)

AREA CODE PHONE NUMBER TRANSPORTER NO 1

GENERATOR NAME AND MAILING ADDRESS

7777 EDINGER AVE. HUNTINGTON BEACH, CA.

BROADWAY DEPARTMENT STORES

09/20/84 UNIFORM HAZARDOUS WASTE MANIFEST

92647

ATTN: ED HAYLETT

Department of Health Services

83564141

EPA ID NUMBER

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER

STATE ID NUMBER

CAX000107243

VEH CONTAINER NO

CMEGA CHEMICAL CORP. 12504 E. WHITTIER BLVD. WHITTIER, CA. 90602	00042507	ÇADO42	2245001 ₁	
TRANSPORTER NO 2 ALTERNATE TSD FACILITY	VEH CONTAINER NO	E	PA ID NUMBER	
TREATMENT STORAGE OR DISPOSAL (TSD) FACILITY CMEGA CHEMICAL CORP.		E	PA ID NUMBER	
AREA CODE, PHONE NUMBER 213/698-0991	UNIT CONTAINER WASTE DISP			
AREA CODE, PHONE NUMBER 213/698-0991 PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS NUMBER HAZARDOUS WASTE, LIQUID N.O.S -ORM-E NA 1918	ER QUANTITY V	P P	. 1	NO METH
COMPONENTS		CONC RANG	GE UN	NITS PPM
Freon		90	X	
WATER		5	X_	
01L		5	Х	
SPECIAL HANDLING INSTRUCTIONS				<u> </u>
This is to certify that the above-named wastes are properly classified described packaged maproper condition for transportation according to the applicable requirements of the Department of th	f Transportation and the EP	n А мо q	2 ₁ 4	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES Printed or typed full name and signature TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES Printed or typed full name and signature Printed or typed full name and signature	DAT REC & DAT REC BAT REC &	TE MO(DAY DAY	YR SI YR
DISCREPANCY INDICATION SPACE	ACCEP	PTED		
Facility owner or operator. Certification of receipt of hazardous waste covered by this manifest of discrepancy indication space above. Note: TSOF must complete waste number. See instructions Figure Symposium CADC4	except as noted in the PA ID NUMBER	DATE RI	ECEIVED & ACCEI	YR SU
RM NO DHS 8022A 11 82 TODE SENDS THIS COPY TO DOHS	WITHIN 15 DAYS		8	3-87967